

ATTESTATION STATEMENT**ATTESTATION TO LACK OF INFORMATION ABOUT THE PARENT(S) OF**

COUNTY NAME

I, _____ have no additional knowledge of the following information about the parent of the child(ren) named in this attestation:

- ☐ 1. I do not know the identity of the parent of the child(ren) because: (state reason(s))
- ☐ 2. I have named _____ as the parent of the child(ren). However, I do not know the parent(s) residence and/or employer because: (state reason(s))
- ☐ 3. I do not have or know any other information that might assist the Local Child Support Agency in identifying or locating the parent of the child(ren), because: (state reason(s) if different)

In signing this attestation, I declare, under penalty of perjury under the laws of the State of California that all the information I have provided is true, correct and complete. I further understand that Federal and State law provide for penalties of fine and/or imprisonment or denial of Public Assistance/Medi-Cal if I do not tell the truth when applying for Public Assistance/Medi-Cal or if I conceal or fail to disclose facts regarding the identity, whereabouts or other information concerning the child(ren)'s parent.

Signed:_____
Name_____
Date Signed**Witnessed by:**_____
Local Child Support Agency Representative_____
Date Signed